

CUMBERLAND COUNTY COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

F. H. MORISON, M.D., D.P.H.

FOR THE YEAR 1927.

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CUMBERLAND COUNTY COUNCIL.

To the Cumberland County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting to you this my Twentieth Annual Report on the Health of the Administrative County for the year 1927.

During 1924-25 a large number of recommendations of improvements or extensions to the work of the County Health Department were made in Annual Reports. These recommendations practically covered the whole field of possible developments. A considerable number of these have already been adopted in whole or in part, for example, additional shelters for tuberculous cases have been provided. The use of X-rays in diagnosis has been much extended, and screening is now available in pulmonary cases in the West of the County; the examination of a second group of Secondary School children is now in force.

A School Clinic and Tuberculosis Dispensary has been opened at Egremont; additional areas have been provided with Midwives; the examination of, and, in emergency cases, the treatment of children in the 1-5 year old group is now in operation to a considerable extent. Lectures to Midwives are now given three or four times a year; a maternity bed has been provided in the Whitehaven Infirmary; additional nursing staff has been provided; a considerable amount of research work has been undertaken; additional Maternity and Child Welfare Clinics have been opened, and an excellent set of lantern slides has been obtained and many lectures have been given on Public Health subjects. A considerable amount of treatment is now carried out among adult cases of surgical tuberculosis, and the nursing of measles and whooping cough is now, by arrangement with the County Nursing Association, in operation in many areas. These results of past recommendations are encouraging, although admittedly the majority deal with comparatively inexpensive developments.

Future Developments.

It may be well at the outset to dispose of two developments which, if found practicable, will cost comparatively little:—

(1) *A Subsidised Bed at the Cumberland Infirmary.* This proposal has frequently been made, and has been approved in principle by your Committee. The cost of such a bed, if obtainable—and I have no doubt it would be obtainable—would be something under £100 per annum.

The need for such a bed is very great. There frequently arise cases of children requiring surgical operations not of an urgent nature, such as operations for rupture or operations for the correction of squint, the needling of cataract and other eye conditions, of children with severe skin diseases requiring in-patient treatment, of children suffering from obscure cases of a medical nature in which a second opinion or observation is desirable. All of these cases could be admitted to such a subsidised bed as and when they arose.

At present we have to depend on influence to get cases admitted at all.

(2) *The Provision of a Bacteriological Laboratory in the County.*

This proposal has been discussed in the past at length and nothing materialised. It is, I think, not improbable that the question of whether the County Council would co-operate in such a Laboratory if established in the County may arise again shortly. This provision is urgently necessary, not only for the work of the County Health Department but for many other persons and Public Bodies in the County. This proposal would not commit the County Council to any additional expense; it would merely mean the transfer of the work which is now sent to Manchester and London to such a local Laboratory.

The other necessities to expand and develop the work of the Department stand in a different category because they are much more costly. It is difficult to place these in order of urgency, as that is largely a matter of individual opinion. Only three or four suggestions are made, but these undoubtedly represent the most important matters. These are three:—

(3) *A Woman Medical Officer* to co-ordinate the Maternity and Child Welfare work in the County, to open fresh Maternity and Child Welfare Clinics, and to develop the ante-natal work among expectant mothers.

(4) *An Additional Dental Officer and Nurse.*

This admittedly is more a matter for the Education Committee, but it has previously been before the Health Committee in joint reports.

The position at present, with only one Dental Officer and Nurse, is that at least half of the County practically is receiving no dental treatment at all. To provide an efficient Dental Scheme for this County would require at least five Dental Officers and Nurses, and the provision of a second Dental Officer and Nurse would at least mean that the urgent cases all over the County could receive prompt attention.

(5) *The provision of an Open-air School, or at least the retention of beds in such a School, or in some Convalescent Home, preferably at the Seaside, to which delicate children and children convalescent from serious illness might be sent.* There is no doubt that such provision would have a material effect on the number of cases of tuberculosis which would require treatment in the future.

(6) *Provision for the isolation of advanced cases of pulmonary tuberculosis, and the provision of beds for experimental work of tuberculosis.*

(7) *The isolation of children contacts of tuberculous cases under some such system as the Grancher System.*

(8) *The provision of a complete Clinic and Dispensary at Arlecdon and Frizington, and also at Aspatria, and the provision (probably by means of a caravan clinic) of a clinic treatment in that very large part of the East of the County which is at present dealt with more or less spasmodically from the Central Office.*

I have the honour to be,

Ladies and Gentlemen,

Yours obediently,

F. H. MORISON,

County Medical Officer of Health.

June, 1928.

SUMMARY OF VITAL STATISTICS.

	Birth-rate.		Death-rate.		Infant. Mortality.	
	1927.	1926.	1927.	1926.	1927.	1926.
Urban Districts	17.6	21.4	14.7	12.9	99	74
Rural Districts	16.6	18.1	12.3	12.3	57	70
Administrative						
County	17.2	19.9	13.6	12.6	81	72
England & Wales ...	16.7	17.8	12.3	11.6	69	70

Area.

The area of the Administrative County as given in the Census returns for 1921 is 968,598 acres—Municipal and Urban Districts 62,133 acres, and Rural Districts 904,465 acres.

Population.

The population as given by the Registrar-General for the year 1927 :—

Urban Districts	120,100
Rural Districts	96,130
Administrative County ...	216,130

a decrease of 1,170 on the previous year—1,000 in Urban Districts and 170 in Rural Districts.

Births.

The Births registered in the County during the year 1927 numbered 3,719 (1,877 males and 1,842 females), giving a birth-rate of 17.2 per 1,000 of population, compared with 4,337 births (2,178 males and 2,159 females) and a rate of 19.9 the previous year.

In the Urban Districts there were 2,117 births (1,103 males and 1,014 females), giving a rate of 17.6; and in the Rural Districts 1,602 births (774 males and 828 females), giving a rate of 16.6 per 1,000 of population.

The corresponding figures for the previous year were :—Urban Districts, 2,594 and a rate of 21.4; and in the Rural Districts, 1,743 births and a rate of 18.9.

The birth-rate for England and Wales was 16.7 for the year.

Arranged in the order of their birth-rates the Urban and the Rural Districts stand thus :—

Urban.

Whitehaven .	22.1	(27.0)
Harrington ..	19.6	(18.6)
Penrith	17.9	(20.5)
Aspatria	17.8	(15.6)
Arlecdon and Frizington.	17.7	(20.5)
Keswick	17.7	(18.9)
Workington .	17.5	(20.8)
Maryport ...	16.5	(24.0)
Millom	16.1	(17.5)
Cleator Moor.	15.9	(19.9)
Wigton	15.0	(20.9)
Egremont ...	14.5	(21.3)
Holme Cultram ...	14.1	(19.0)
Cockermouth.	13.6	(17.5)

Rural.

Longtown ...	20.7	(18.8)
Cockermouth.	17.7	(20.6)
Penrith	17.4	(20.6)
Whitehaven .	17.2	(16.3)
Wigton	17.0	(19.2)
Carlisle	15.2	(15.8)
Brampton ...	13.5	(16.4)
Bootle	13.2	(13.0)
Alston	12.9	(15.6)

Note.—In all the tables the figures in brackets are those of the previous year.

Illegitimate Births.

The number of illegitimate births was 222; thus 60 per 1,000 of the total births were illegitimate, compared with 269 and 62 the previous year.

The rates of illegitimate births per 1,000 of the total births in the various Sanitary Districts are as follows:—

Urban.

Holme Cultram	101	(53)
Harrington ...	88	(47)
Maryport	72	(56)
Penrith	66	(109)
Millom	54	(78)
Cleator Moor...	49	(44)
Aspatria	47	(52)
Whitehaven ...	41	(44)
Workington ...	41	(50)
Egremont	40	(46)
Arlecdon and Frizington ..	34	(49)
Wigton	18	(101)
Cockermouth ..	15	(34)

Rural.

Brampton	119	(67)
Penrith	81	(84)
Bootle	76	(51)
Longtown	76	(108)
Cockermouth ..	75	(77)
Carlisle	70	(73)
Whitehaven ...	61	(64)
Alston	57	(71)
Wigton	57	(45)

In the Urban Districts 49 and in the Rural Districts 73 per 1,000 births were illegitimate.

Deaths.

The number of deaths registered was 2,958 (1,535 males and 1,423 females). This gives a death-rate of 13.6 per 1,000, compared with 2,753 (1,416 males and 1,337 females), and a rate of 12.6 per 1,000 the previous year.

The death-rate in England and Wales was 11.6.

In the Urban Districts there were 1,772 deaths (936 males and 836 females), giving a rate of 14.7; in the Rural Districts 1,186 deaths (599 males and 587 females), giving a rate of 12.3. The corresponding figures for the previous year were:—Urban Districts, 1,565 and a rate of 12.9; Rural Districts, 1,188 and a rate of 12.3.

Arranged in the order of their death-rates the Urban and Rural Districts stand thus:—

<i>Urban.</i>	<i>Rural.</i>
Millom 17.8 (13.9)	Alston 19.1
Keswick 17.2 (14.7)	Longtown 14.7
Whitehaven . 16.9 (14.4)	Brampton 14.1
Maryport ... 15.1 (12.4)	Carlisle 13.2
Workington . 15.1 (12.0)	Wigton 12.1
Cleator Moor 14.0 (11.0)	Bootle 11.7
Egremont ... 14.0 (12.2)	Penrith 11.2
Aspatria 13.6 (15.1)	Cockermouth 11.1
Arlecdon and	Whitehaven 10.7
Frizington. 12.4 (12.1)	
Wigton 12.3 (10.6)	
Cockermouth. 12.2 (17.1)	
Penrith 12.1 (18.9)	
Holme	
Cultram ... 11.0 (12.0)	
Harrington .. 10.0 (11.9)	

During the year, of the total deaths:—
11.9% in Urban and 7.7% in Rural Districts died under 1 year

4.4	„	1.9	„	aged 1 to 2 years
4.0	„	1.9	„	aged 2 to 5 years
3.7	„	2.6	„	aged 5 to 15 years
5.0	„	2.9	„	aged 15 to 25 years
8.2	„	9.0	„	aged 25 to 45 years
22.3	„	21.0	„	aged 45 to 65 years
20.2	„	24.7	„	aged 65 to 75 years
20.1	„	24.7	„	over 75 years

Infant Mortality.

3,719 births were registered and 303 infants died before they reached the age of one year. The infant mortality was, therefore, at the rate of 81 per 1,000 births, 9 per 1,000 higher than the previous year.

The Infant Mortality in England and Wales was 69 per 1,000 births.

In the Urban Districts there were 2,117 births and 211 infant deaths. The infant mortality rate was therefore 99 per 1,000 births, 25 per 1,000 higher than in the previous year.

In the Rural Districts there were 1,602 births, 92 infant deaths, giving an infant mortality of 57 per 1,000 births, 13 per 1,000 lower than the previous year.

The mortality rate for legitimate infants was 81, that of illegitimate infants also 81.

Arranged in the order of their Infant Mortality rates the Urban and Rural Districts stand thus:—

<i>Urban.</i>		<i>Rural.</i>	
Whitehaven ...	135 (84)	Longtown	90 (33)
Maryport	134 (72)	Whitehaven ...	70 (84)
Aspatria	125 (125)	Cockermouth ..	67 (77)
Millom	117 (63)	Brampton	55 (75)
Keswick	106 (62)	Carlisle	54 (52)
Arlecdon and		Wigton	52 (100)
Frizington ..	103 (58)	Penrith	29 (52)
Workington ...	94 (75)	Alston	28 (47)
Cleator Moor...	91 (51)	Bootle	25 (52)
Egremont	80 (66)		
Wigton	71 (13)		
Holme Cultram	58 (43)		
Harrington ...	55 (131)		
Cockermouth ..	45 (116)		
Penrith	33 (63)		

Cancer.

303 deaths were registered as due to Cancer, a rate of 1.4 per 1,000 of population, as compared with 308 deaths and a rate of 1.4 the previous year.

Arranged in the order of their death-rates from Cancer the Urban and Rural Districts stand thus:—

Urban.

Aspatria	2.8 (0.2)
Wigton	2.1 (1.3)
Cleator Moor ...	1.9 (1.3)
Maryport	1.5 (1.0)
Millom	1.5 (1.4)
Holme Cultram	1.4 (1.4)
Keswick	1.4 (2.1)
Penrith	1.4 (1.3)
Whitehaven ...	1.4 (1.5)
Arlecdon and	
Frizington ...	1.2 (1.8)
Workington ...	1.1 (1.5)
Egremont	0.9 (0.4)
Cockermouth ...	0.8 (1.2)
Harrington	0.8 (0.8)

Rural.

Alston	3.3 (1.1)
Bootle	2.0 (0.8)
Longtown	2.0 (1.4)
Carlisle	1.8 (1.7)
Penrith	1.5 (1.2)
Brampton	1.4 (3.0)
Whitehaven ...	1.3 (1.5)
Wigton	1.3 (1.8)
Cockermouth ...	0.8 (1.0)

In the Urban Districts the death-rate from Cancer was 1.3 per 1,000 of population, whilst in the Rural Districts it was 1.4.

Zymotic Diseases.

The diseases included under this name are:—Enteric Fever, Measles, Smallpox, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhœa.

68 deaths were registered from these diseases, compared with 116 the previous year. This gives a rate of 0.3, compared with 0.5 the previous year.

Arranged in the order of their death-rates from Zymotic Diseases the Urban and Rural Districts stand thus:—

Urban.

Whitehaven ...	1.4 (0.9)
Aspatria	0.5 (0.5)
Cleator Moor ...	0.5 (0.2)
Arlecdon and	
Frizington ...	0.4 (Nil)
Egremont	0.4 (0.5)
Maryport	0.2 (1.6)
Millom	0.2 (0.1)
Penrith	0.2 (0.2)
Wigton	0.2 (1.0)
Workington ...	0.2 (0.5)
Cockermouth ...	Nil (0.4)
Harrington ...	Nil (0.6)
Holme Cultram	Nil (Nil)
Keswick	Nil (0.2)

Rural.

Alston	0.3 (Nil)
Carlisle	0.2 (0.3)
Whitehaven ...	0.2 (0.1)
Brampton	0.1 (1.1)
Cockermouth ...	0.1 (0.7)
Longtown	0.1 (0.4)
Penrith	0.8 (Nil)
Bootle	Nil (0.1)
Wigton	Nil (0.2)

Respiratory Diseases.

From these diseases—chiefly Bronchitis and Pneumonia—there were 439 deaths, compared with 366 the previous year.

The death-rate in the Administrative County from these diseases was 2.0 per 1,000 of population, compared with 1.6 the previous year.

In the Urban Districts the rate was 2.3, against 1.9; and in the Rural Districts the rate was 1.6, against 1.3 in the previous year.

Arranged in the order of their death-rates from Respiratory Diseases the Urban and Rural Districts stand thus:—

<i>Urban.</i>	<i>Rural.</i>
Whitehaven ... 4.3 (2.4)	Alston 3.3 (2.6)
Millom 2.6 (1.6)	Cockermouth ... 2.3 (1.5)
Workington ... 2.3 (1.9)	Brampton 2.1 (1.4)
Maryport 2.2 (1.8)	Longtown 1.8 (0.9)
Arlecdon and	Carlisle 1.3 (1.3)
Frizington ... 2.0 (1.0)	Whitehaven ... 1.3 (1.3)
Egremont 2.0 (2.6)	Wigton 1.3 (1.4)
Penrith 1.9 (0.7)	Penrith 0.9 (1.1)
Harrington ... 1.7 (2.6)	Bootle 0.6 (0.1)
Holme Cultram 1.6 (1.1)	
Keswick 1.6 (3.0)	
Cleator Moor ... 1.5 (1.7)	
Wigton 1.3 (0.5)	
Aspatria 0.8 (1.1)	
Cockermouth ... 0.6 (3.4)	

The diminishing death-rate from these diseases noted in my last two or three Reports has unfortunately not this year been continued, it being 0.4 per 1,000 of population higher than last year.

General Provision of Health Services.

Under this heading no noticeable change has occurred within recent years, with the one notable exception that most of the local nursing associations affiliated to the County Nursing Association have now agreed that their nurses will, if necessary, nurse cases of Measles and Whooping Cough should the necessity arise.

Maternity and Child Welfare.

No extension in this service has been possible.

There were at the end of the year 1927 on the roll, 94 trained midwives and 1 untrained. It was not considered necessary for the County Council to employ a Midwife for the Arlecdon and Frizington area, so that now only one Midwife is employed and paid by the County Council, viz., in the Cleator Moor area.

All the Midwives are visited by the Inspector every three months, and special visits are paid when deemed necessary. During the year 382 routine and 36 special visits were paid.

The number of notices received under Rule 23 of the Central Midwives Board is as follows :—

Medical help	...	...	...	254
Still-birth	...	...	...	25
Liable to be a source of infection	...	...	...	25
Artificial feeding	...	...	...	34
Laying out dead body	...	...	...	53

Payments made to doctors under Section 14 of the Midwives Act, 1918, amounted to £505 8s. 6d.

During the year the following visits were paid to the homes :—

	By Health Visitors.	By District Nurses.
To births notified ...	851	1766
First visits		
To births not notified ...	64	15
Re-visits ...	7517	17695
Ante-natal visits ...	153	6625
Visits to children 1-5 ...	2433	3586
	<hr/> 11018 <hr/>	<hr/> 29687 <hr/>

Housing (Rural Workers) Act, 1926,

This is an Act to promote the provision of housing accommodation for agricultural workers and for persons whose economic condition is substantially the same as that of such workers, and the improvement of such accommodation, by authorising the giving of financial assistance towards the reconstruction and improvement of houses and other buildings.

It must be clear to everyone that with the low rents which prevail in many country districts the small property owner can do little except the minimum amount of repairs. Most of us are familiar with instances of defective property where reconditioning is impossible for the very reasons that the Act now seeks to remove, and it would be a misfortune if the possibilities under the Act were overlooked in such cases.

During the year under review much wordy warfare has been waged over the vexed question whether this Act should be administered by the County Council or by those District Councils who wished to administer it.

After considering several applications from District Councils, the Ministry of Health decided that the County Council should be the "Local Authority" for the purposes of the Act in the whole of the Administrative County.

To make the Act a success will require the joint efforts of all who work or care for the improvement of rural housing. It seems to me, therefore, that close co-operation between the County Council and District Councils is a *sine qua non* if the Act is to work beneficially for those whose benefit it is framed, viz., agricultural workers and those in like financial position to them.

An opportunity is now given—but it should be noted that unless applications for assistance are received before the end of September, 1931, the opportunity may be lost—to get washhouses, larders, water supplies, better sanitary conveniences, more efficient ventilation, &c., provided. Re-conditioning of roofs and walls, originally good, many of them in fact better than are built to-day, will preserve these cottages for many years, and will prevent them going derelict, as so many are doing.

In most agricultural areas in this County it would appear that it is more a matter of unsuitability than insufficiency of houses.

The Act, moreover, appears to be the only way by which tolerable houses at the low rents required in country districts can be secured. Even with the largest subsidies obtainable under the Housing Acts, it appears at present prices to be impossible to build new houses at rents which are payable by farm workers, though they may be suitable for artisans earning higher wages in the towns. It is

possible, however, under the Housing (Rural Workers) Act to improve existing houses and yet not to exceed the comparatively low rents which are customary in rural districts. Thus a poor house let at 3/6 a week might be much improved by an expenditure of £150 under the Act, but the rental after that expenditure could not be increased by more than 6d. a week, and the house would not then go beyond the range of the rural worker.

The first step towards putting the Act into operation was the submission of a scheme to the Ministry of Health. This was accordingly done by the County Council, and the scheme as approved was published in my last Annual Report.

The second step clearly was to bring to the notice of all persons likely to be interested the opportunities afforded by the Act and Scheme for not only improving the housing of agricultural workers but also of others placed in like financial positions to them.

The County Council therefore notified through the medium of local newspapers that they were prepared to give financial assistance under the Act; some 400 posters of a summary of the Scheme were affixed to the Public Notice Boards throughout the County and Councils of Districts were supplied with copies of the Scheme.

In accordance with the terms of the Act the County Council invited all Urban (including non-County Boroughs) and Rural District Councils in the County to co-operate with them in the administration of the Act, and it is gratifying to note that all signified their willingness to do so with the exception of the Town Council of Whitehaven, the Urban District Councils of Arlecdon and Frizington, and the Rural District of Carlisle.

It would appear that this Act, unlike any other Housing Act, can only be set in motion on application of the owner for a grant or a loan.

The work in respect of which an application may be made include:—

1. Structural alterations or repairs (but shall not include works of ordinary repairs or upkeep, except in so far as they are incidental to or in connection with more substantial work of reconstruction.

2. Additions to premises.
3. Provision of water supplies, drainage, &c.
4. Improved sanitary conveniences, e.g., conversion of privies or earth closets to water closets.
5. Improvements in lighting and ventilation.

The following are shortly the general conditions under which financial help in the way of either loan or grant can be made. It should, however, be noted that assistance may also be given partly by way of grant and partly by way of loan:—

1. The estimated value of the house after alterations or additions must not exceed £400.
2. So far as Building Bye-laws are concerned suggested alterations will be subject to the approval of the District Council, and when completed must render the house in all respects fit for human habitation.
3. Where grants are made the tenants, for 20 years, must be agricultural workers, or persons whose economic position is similar. Houses, therefore, which have been improved by grant under the Act secured for the benefit of rural workers. They could not, for instance, be used by “week-enders” who are increasingly securing cottages in country districts.
4. The rent will be the average for agricultural workers in the particular district in which the premises are situated, or the rent actually being paid, increased by 3% on the landlord’s own capital expenditure (i.e., the amount not covered by the grant). Where doubt exists the County Council will fix the amount of the normal agricultural rental.
5. The owner shall, from time to time, and when required, give a certificate that these conditions as to tenancy and rental are being complied with.
6. It is unlawful for any person to receive any payment, other than rental, when a tenant parts with possession of a cottage to which these restrictions apply.

7. In the event of a breach of any of these conditions the grant, together with compound interest to date, shall be recoverable by the County Council from the owner, unless the County Council, with the consent of the Ministry of Health, waive the right on being satisfied that the breach was not due to the act, default or connivance of the owner.
8. The grant which will become payable on completion of the work will be two-thirds of the estimated cost of the alterations, but will be limited to £100 for any one house. No grant will be made where the estimated cost of the proposed alterations is less than £50.

The actual cost to the rates is limited to a maximum grant of £50 per house, as half the grant of assistance is repaid to the County Council from the National Exchequer. In the case of a loan, on which, of course, interest, together with instalments of capital, is payable, there is no burden on the rates at all. Even in the case of a grant from the standpoint of the ratepayers alone, a grant might prove in many cases a good investment. If, for instance, a derelict building without rateable value can be converted into a decent house and let at 5/- a week, the rateable value might be £10 10s., and with rates at say 10/- in the pound the house would then pay £5 5s. a year to the rate collector, a fair return on a municipal investment of £50.

During the period of eighteen months during which the Act has been in operation assistance amounting to £2,245 has been provided towards the cost of works of improvement of 27 dwellings. This sum is made up as follows:—Grants, £820; Loans, £1,425. In only one case has assistance been refused.

It is obvious, therefore, that the facilities provided are not being utilised. This may be due to the fact that the Act is a somewhat complicated one, and is, therefore, not understood, or it may be due to the fact that although the Act and Scheme have been advertised, those for whose benefit it is framed are not aware of the assistance offered.

I would suggest, therefore, that a short summary of the Act, emphasising the facilities offered and the benefits to be derived, be sent to the Clerk of each Parish in the

County, and also that similar communications be sent to the National Farmers' Unions, and to the Clerk, the Medical Officer of Health, and the Sanitary Inspector of each Sanitary District in the County.

In his Annual Report for 1925 Sir George Newman states :—

“ One aspect of Public Health activity which comes under review in inquiries into the sanitary administration of districts is the discharge of the duties which have devolved upon Sanitary Authorities under the Housing (Inspection of District) Regulations, 1910 (now replaced by the Housing Consolidated Regulations, 1925). These Regulations require regular and systematic inspection of dwelling-houses with a view to the remedying of defects ‘ which may tend to render the house dangerous or injurious to the health of an inhabitant.’ The performance of this duty was of necessity neglected in most districts during the War. In some districts lately visited it has been resumed in a satisfactory manner, but in many, and more especially in county districts, the Regulations remain in more or less complete abeyance. The reason generally given for default is that systematic inspection is of little value in the absence of alternative accommodation for those who may be displaced by closing orders. Under present conditions the difficulty of enforcing closing orders has often to be accepted, with the resultant continued habitation of unfit property. But it is evident that many authorities have failed to realise that this is only one aspect of their duties under the Housing Regulations; that it is equally necessary to exercise supervision of all working-class property to prevent it from falling into a state which may necessitate closure. The neglect of this duty is, in many districts, resulting in an accumulation of housing defects prejudicial to health.”

These remarks are applicable to some of the districts of Cumberland.

District Councils now have power to serve notice on owners of house property requiring them to make or keep their houses reasonably fit for habitation, but the owner can if he wishes give notice that he will close the house if

he cannot make it fit without "reconstruction." Then, of course, the question arises, what is reconstruction?

Opportunity is thus given to District Councils to draw the attention of owners of houses to measures under the Housing (Rural Workers) Act which would be advantageous alike to owners, tenants, and their districts.

This power is given in Section 3 of the Housing Act of 1925, which reads as follows:—

If the owner of any dwelling-house suitable for occupation by persons of the working classes fails to make or keep the house in all respects reasonably fit for human habitation, then, without prejudice to any other power, the local authority may serve a notice upon the owner of the house, requiring him, within a reasonable time, not being less than 21 days, specified in the notice, to execute the works specified in the notice as being necessary to make the house in all respects reasonably fit for human habitation.

Provided that, if the house is not capable without reconstruction of being rendered in all respects reasonably fit for human habitation, the owner may, within twenty-one days after the receipt of such notice, by written counter-notice to the local authority, declare his intention of closing the house for human habitation, and thereupon a closing order shall be deemed to have become operative in respect of the house.

Any question arising under this proviso shall, in case of difference between the owner and the local authority, be determined by the Minister.

If this Section is enforced in Rural Districts and the house is closed by the owner and appeal is made to the Ministry, it is certain that in almost every case the closing order made by the owner will be confirmed on the ground that the house cannot be made "fit in all respects" for human habitation without "reconstruction."

At the present time Medical Officers of Health are afraid to apply the Closing Orders, knowing as they do that other houses are not available, and I believe the tendency is not to urge repairs—and necessary repairs at that—either because the house in its present condition is not considered worth repairing and the owner has not the

money to spend, or if pressed the owner may close the house voluntarily—and such cases are not unknown—rather than spend money on repairs.

But if the Housing (Rural Workers) Act is used as the natural corollary of Section 3 of the Housing Act of 1925, it will undoubtedly be of great value to Sanitary Authorities who are anxious to improve the housing conditions in their area, because if the work required to be done under Section 3 disqualifies it, then all other points being satisfactory it would be accepted for treatment under the Housing (Rural Workers) Act.

If, then, the Act is used in the way now suggested, it will be less invidious for the owner to apply for assistance, as he will have been called upon by the Sanitary Authority for an expenditure in the interest of public health; and similarly the Sanitary Authority will be able to use more freely its powers to require better housing conditions, if it can feel that hardship to the owner may be minimised by assistance under the Act.

It might be that the County Council would be willing to give preference to applications for assistance arising in this way.

The District Medical Officer is the official to decide whether a house in his area is, or is not, in all respects fit for human habitation (although the County Medical Officer has like powers), and the County Council must not give assistance unless assured that a house will be fit for habitation as a result of re-conditioning. Cases must arise where it is most desirable that the Medical Officer of the County and the District should confer on this point to avoid any differences of opinion after the work has been done. For this reason alone I consider that close co-operation should exist between the County and District Councils.

Applications for assistance under the Act should be made to the Clerk of the County Council, The Courts, Carlisle, from whom the necessary forms of application can be obtained.

The Official Circular on the Act (Circular 756 of 1927), which gives a full summary of the terms of the Act and of its method of working, can be obtained from H.M. Stationery Office, Adastral House, Kingsway, London, price 2d.

Inspection and Supervision of Food.

The following is a copy of the County Analyst's Report for the year 1927.

1. During the 12 months ended the 31st December, 1927, I have analysed 334 samples of Food and Drugs submitted by the Inspectors appointed under the Sale of Food and Drugs Acts for the County of Cumberland, viz.:—

From Whitehaven Division	104
From Carlisle Division	50
From Workington Division	86
From Wigton Division	28
From Penrith Division	66
Total	334

2. The following table briefly summarises the result of the analysis of these samples, together with the action taken in the case of those samples found to be other than genuine:—

Samples of Milk submitted for analysis ...	219
Samples of Other Articles	115
Total	334

Number of adulterated or below standard	40
„ „ Doubtful quality	—
„ „ Appeal samples	13
„ „ Samples “on delivery”	7
„ „ Persons cautioned	8
„ „ Persons summoned	11
„ „ Persons convicted	3
„ „ Persons discharged	5
„ „ Persons to pay costs	—
„ „ Cases in which no action taken	19
„ „ Cases pending at end of year	3
Amount of Fines £9 1 6	
Amount of Costs £9 12 2	

As compared with the 12 months ended the 31st December, 1926, in which 10 persons were summoned, of whom 7 were convicted, 2 discharged, and 1 mulcted in the costs, 3 persons have been convicted in 1927, 5 discharged, while 3 summonses remain unheard at the date of this report.

3. The percentage of adulteration for the year is 12.78; for the 12 months ended the 31st December, 1926, it was 8.49. In each case all samples which have been reported as not being of genuine quality are included, but appeal and reference samples are not included.

4. The only article in respect of which it has been necessary to institute proceedings is Milk, the whole of the other samples being of genuine quality.

5. Of the 218 samples of Milk submitted during the 12 months, 40 were returned as being adulterated or below standard, while 13 samples were taken as appeal samples and 8 samples as reference samples in course of delivery; the balance of 157 samples were found to be of genuine quality.

Excluding the appeal and reference samples, the percentage of adulteration for Milk is 20.30; for the previous 12 months the figure was 13.91, which is an unsatisfactory result.

The average figures for Non-fatty Solids and for Fat in the genuine samples, 157 in number, were as follows:—

Non-fatty Solids	...	...	8.84%
Fat	...	...	3.73%

The average figures for 167 genuine samples analysed during 1926 were:—Non-fatty Solids 8.74%, and Fat 3.58%, so that in spite of an admittedly bad season the quality of the genuine samples in 1927 is slightly better than that in the previous year.

Of the 21 appeal and reference samples taken during the year 1 sample was found to be deficient in both Non-fatty Solids and in Fat, while 6 samples were deficient in Fat only.

6. It is satisfactory to be able to record the fact that in no case were any samples found to contravene the requirements of the Public Health (Preservatives, etc., in Food) Regulations, 1925/27.

7. Apart from the above comments the work of the past year calls for no further observation.

(Signed) CYRIL J. H. STOCK.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.
SAMPLES EXAMINED.

Cream, Preserved.

Received.	From.	Marked.	Milk Fat.	Boric Acid.
3/3/27	Whitehaven	A.2	51.67%	0.24%
17/11/27	Whitehaven	2.W	52.51	0.28
25/5/27	Workington	W.4	63.48	0.22
2/3/27	Penrith	3.K	50.63	0.29
2/6/27	Penrith	3.K	50.47	0.19
25/8/27	Penrith	3.K	52.34	0.28
10/11/27	Penrith	3.K	55.09	0.08

All of the above samples were genuine and free from thickening substances.

Cream, Unpreserved.

No samples were submitted during the Year.

Milk.

218 samples (197 taken formally, 13 as appeal to the cow samples, and 8 in course of delivery samples taken as reference) were examined throughout.

None of these samples contained either colouring matters or preservatives.

Proceedings.

No proceedings have been taken under the Regulations during the year 1927.

(Signed) CYRIL J. H. STOCK.

County Analyst.

Prevalence of, and Control Over, Infectious Diseases.

With the exception of one case notified in December, the County has again, fortunately, been free from Small-pox.

The one case in Maryport was that of a young man who had been on a visit to an adjoining County where the disease was prevalent. Thanks to the prompt action taken by the Medical Officer of Health, and the early recognition of the disease, there was no spread.

A considerable number of visits have been paid to all doubtful cases, particularly cases of Chicken Pox, by members of the medical staff, and careful supervision of all contacts notified from time to time from other areas has been kept until the period of incubation was safely over.

Scarlet Fever.

During the year 336 cases of Scarlet Fever were notified (156 in Urban and 180 in Rural Districts), compared with 603 cases the previous year.

There were no deaths in Urban but three in Rural Districts from this disease, which was generally of a very mild type.

Diphtheria.

During the year 220 cases were notified (131 in Urban and 89 in Rural Districts), compared with 277 cases the previous year.

From this disease there were 11 deaths (6 in Urban and 5 in Rural Districts), compared with 21 the previous year.

It is worthy of note that in the Brampton Rural area, in which the Schick test and immunisation was so extensively used during 1926, in which year there were 38 cases notified, with seven deaths, in 1927 there were only 11 cases notified and 1 death.

Enteric Fever.

Seven cases were notified during the year, 1 in Harrington, 3 in Keswick, 1 in Maryport, 1 in Whitehaven Urban Districts, and 1 in the Rural District of Cocker-mouth.

For the third year in succession there were no deaths.

Puerperal Fever and Puerperal Pyrexia.

During the year 6 cases of Puerperal Fever were notified (1 in the Urban and 5 in the Rural Districts).

There were, however, in the returns of the Registrar-General 2 deaths in Workington, and 1 each in Whitehaven, Harrington, and Egremont Urban Districts, and 1 each in Carlisle and Longtown Rural Districts, which had not been notified. It is obvious, therefore, that not much reliance can be placed on the notification returns.

As regards Puerperal Pyrexia, 33 notifications were received.

In each case a form was sent to the medical practitioner who notified, asking him to be good enough to state his opinion as to the cause of the Pyrexia, but in only 20 of the cases was the request complied with.

The cause as stated was as follows:—Perineal tear 4, Albuminuria 2, Retained Lochia 1, Retained Pieces of Placenta 3, Phlegmasia Alba Dolens 2, Acute Mastitis 2, Milk Fever 1, Catarrhal Chest 1, Influenza 1, Pneumonia 1, Pericarditis and Pleurisy 1, Pulmonary Tuberculosis 1.

Measles.

24 deaths occurred from Measles (23 in Urban and 1 in Rural Districts), compared with 33 the previous year.

Most of the local Nursing Associations affiliated to the County Nursing Association have now agreed that their Nurses will, if necessary, nurse cases of Measles and Whooping Cough.

It would be advisable, therefore, that all Urban and Rural District Councils who wish this work to be undertaken should get into touch with the Nursing Associations, so as to have all arrangements as to payment, methods of working, and so on arranged before the necessity for action arises.

This I consider a great step in advance. Provided due precautions—with which all the Nurses are familiar—are taken there is no risk of a Nurse conveying the infection of Measles or Whooping Cough from an affected child to a non-infected one.

Whooping Cough.

Caused 30 deaths (26 in Urban and 4 in Rural Districts), against 28 in the previous year.

Diarrhœa.

Caused 36 deaths (26 in Urban and 10 in Rural Districts), against 52 in the previous year.

Influenza.

Was much more prevalent and fatal, having caused 168 deaths (101 in Urban and 67 in Rural Districts), against 45 the previous year.

It would appear that certain children are predisposed—for some reason or another—to attacks of acute nasal catarrh, of which condition Influenza, Measles, and Whooping Cough are specific and well-marked manifestations. It may well be that the tendency to these catarrhal conditions is inherited, but more frequently they are acquired and usually by the following mode of life.

Speaking as a general rule, they are seen in children who get very little fresh air, because they are kept indoors unless the weather is unusually fine, children who live in houses always overheated, and into which fresh air is not freely admitted; whose sleeping rooms are kept carefully closed at night for fear they may “take cold”; who are for the same reason so overloaded with clothing that they cannot engage in any active play without being thrown into a profuse perspiration.

These conditions after a time result in a great sensitiveness of all the mucous membranes, but especially those of the nose and respiratory organs, with the inevitable result that we have such a high death-rate from diseases of the respiratory system.

Notifiable Diseases (other than Tuberculosis) during the Years 1927 and 1926 (in brackets).

Disease.	Total Cases Notified.			Deaths.	
Smallpox	1	(0)	...	0	
Scarlet Fever	367	(591)	...	3	(4)
Diphtheria	229	(277)	...	11	(21)
Enteric (including Paratyphoid) Fever ...	6	(14)	...	0	(0)
Puerperal Fever	8	(13)	...	8	(11)
Puerperal Pyrexia	33	(13)	...	0	(0)
Pneumonia	143	(88)	...	212	(180)
Cerebro-Spinal Fever ...	1	(1)	...	0	(0)
Acute Poliomyelitis	8	(8)	...	0	(0)
Acute Polioencephalitis...	—	(1)	...	—	(0)
Encephalitis Lethargica..	11	(10)	...	9	(8)
Ophthalmia Neonatorum.	18	(13)	...	0	(0)

The 18 cases of Ophthalmia Neonatorum were all visited by a Health Visitor as soon after notification as possible. All were treated at their own homes, and all recovered without any impairment of vision.

Tuberculosis.

Particulars of new cases of Tuberculosis and of all deaths from the disease during 1927 are here given :—

Age. Periods.	New Cases.		Non-Pulmonary.		Deaths.		Non-Pulmonary.	
	Pulmonary.	F.	M.	F.	Pulmonary.	F.	M.	F.
0	...	—	...	—	...	2	...	1
1	...	3	...	14	...	2	...	5
5	...	11	...	15	...	—	...	3
10	...	5	...	18	...	1	...	3
15	...	16	...	8	...	8	...	2
20	...	18	...	5	...	13	...	1
25	...	22	...	7	...	10	...	—
35	...	15	...	1	...	17	...	3
45	...	8	...	2	...	10	...	—
55	...	12	...	—	...	11	...	1
65 & upwards ...	6	3	...	—	...	4	...	—
Totals	116	104	...	70	...	76	...	15

Arranged in the order of their death-rates from Pulmonary Tuberculosis the Urban and Rural Districts stand thus:—

<i>Urban.</i>		<i>Rural.</i>	
Millom	1.6 (1.1)	Bootle	0.8 (0.1)
Arlecdon and Frizington ...	1.4 (1.0)	Alston	0.7 (0.3)
Egremont	1.4 (0.2)	Penrith	0.5 (0.4)
Cleator Moor ...	1.3 (0.5)	Whitehaven ...	0.5 (0.9)
Maryport	0.9 (0.5)	Cockermouth ...	0.4 (0.5)
Penrith	0.9 (0.7)	Longtown	0.4 (0.7)
Whitehaven ...	0.9 (0.7)	Wigton	0.4 (0.6)
Workington ...	0.9 (0.7)	Carlisle	0.3 (0.1)
Cockermouth ...	0.6 (0.4)	Brampton	0.2 (0.2)
Holme Cultram	0.6 (0.4)		
Aspatria	0.2 (0.8)		
Harrington ...	0.2 (0.4)		
Wigton	0.2 (0.7)		
Keswick	Nil (0.0)		

The death-rate from Pulmonary Tuberculosis in 1927 throughout the County was 0.7 per 1,000 of population, slightly higher (0.2 per 1,000) than in the previous year. This, however, must not be taken to mean that the disease is not decreasing; it is most definitely decreasing. In 1908 the death-rate from Pulmonary Tuberculosis was 1 per 1,000 of population, whereas in 1927 it was 0.7 per 1,000—a decrease of nearly a half. Naturally the death-rate varies a little from year to year, but if over a series of 20 years a gradual and steady decrease can be shown, as in fact can be shown in this County, the statement that the disease is on the increase is entirely unjustified.

A further proof that Pulmonary Tuberculosis is not so prevalent as it was is to be obtained from the list of new cases brought to knowledge year by year.

In 1923 there were 244 new cases.

„ 1924	„	„	337	„	„
„ 1925	„	„	252	„	„
„ 1926	„	„	250	„	„
„ 1927	„	„	220	„	„

Arranged in the order of their death-rates from all forms of Tuberculosis (including Pulmonary) the Urban and Rural Districts stand thus:—

<i>Urban.</i>		<i>Rural.</i>	
Egremont	1.7 (0.5)	Alston	1.1 (0.7)
Arlecdon and Frizington ...	1.6 (1.8)	Bootle	1.1 (0.1)
Millom	1.6 (1.1)	Whitehaven ...	0.8 (0.9)
Cleator Moor ...	1.3 (0.5)	Penrith	0.6 (0.5)
Cockermouth ...	1.2 (0.4)	Carlisle	0.5 (0.4)
Maryport	1.2 (0.9)	Cockermouth ...	0.5 (0.6)
Penrith	1.1 (0.9)	Wigton	0.5 (0.8)
Whitehaven ...	1.0 (1.0)	Longtown	0.4 (1.1)
Workington ...	1.0 (0.8)	Brampton	0.2 (0.3)
Harrington ...	0.6 (0.4)		
Holme Cultram	0.6 (0.4)		
Wigton	0.5 (0.7)		
Aspatria	0.2 (0.3)		
Keswick	0.2 (Nil)		

As regards notification my returns show that there were 195 deaths from Tuberculosis during 1927.

Of these 37 were not notified prior to death, and the remainder were notified in the periods set out below :—

29	were notified from	1 to 7 days before death.
6	were notified from	8 to 14 days before death.
9	were notified from	15 to 30 days before death.
20	were notified from	1 to 3 months before death.
19	were notified from	4 to 6 months before death.
20	were notified from	7 to 12 months before death.
21	were notified from	1 to 2 years before death.
24	were notified from	over 2 years before death.

The discrepancy in the figures is accounted for by “ transferable deaths.”

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action has been taken, and so far as I am aware, none has been necessary under the Regulations.

Public Health Act, 1925.

No action has been taken under Section 62 for the compulsory removal to hospital of anyone suffering from Tuberculosis.

TUBERCULOSIS SCHEME OF THE CUMBERLAND COUNTY COUNCIL.

Return showing the Work of the Dispensaries
during the year 1927.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts):—												
(a) Definitely tuberculous	68	47	21	23	7	6	18	13	75	53	39	36
(b) Doubtfully tuberculous ... ..	...	...	...	...	...	...	...	...	10	7	19	9
(c) Non-tuberculous ..	...	...	...	...	...	...	...	...	29	20	44	33
B.—Contacts examined during the year:—												
(a) Definitely tuberculous	7	5	9	6	1	...	7	2	8	5	16	8
(b) Doubtfully tuberculous ... ..	...	...	...	...	...	...	...	...	7	4	26	28
(c) Non-tuberculous ..	...	...	...	...	...	...	...	...	17	14	225	228
C.—Cases written off the Dispensary Register as												
(a) Cured	1	2	1	...	...	...	2	3	1	2	3	3
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	...	...	...	...	...	...	...	...	84	69	306	299
D.—Number of persons on Dispensary Register on December 31st:—												
(a) Diagnosis completed	246	158	84	84	13	11	58	37	259	169	142	121
(b) Diagnosis not completed ... ..	...	...	...	...	...	...	...	...	10	10	20	11

1. Number of persons on Dispensary Register on January 1st 716
2. Number of patients transferred from other areas and of "lost sight of" cases returned 29
3. Number of patients transferred to other areas and cases "lost sight of" 93
4. Died during the year 103

5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months...	48
6. Number of attendances at the Dispensary (including Contacts)	2755
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision	131
8. Number of attendances at General Hospitals or other Institutions approved for the purpose of patients for	
(a) "Light" treatment	193
(b) Other special forms of treatment	—
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ...	—
10. Number of consultations with medical practitioners:—	
(a) At Homes of Applicants	48
(b) Otherwise	51
11. Number of other visits by Tuberculosis Officers to Homes	319
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	1383
13. Number of	
(a) Specimens of sputum, &c., examined	69
(b) X-ray examinations made in connection with Dispensary work	19
14. Number of Insured Persons on Dispensary Register on the 31st December	263
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	107
16. Number of reports received during the year in respect of Insured Persons:—	
(a) Form G.P. 17	103
(b) Form G.P. 36	61

Table III.

RETURN showing the Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1927.

[illegible]

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916.

Report of the Assistant Medical Officer of Health (Venereal Diseases) for the Year ended 31st December, 1927.

During the year 462 persons were dealt with at the Treatment Centres at Carlisle and Whitehaven, of whom 275 attended for the first time and 28 were re-admitted suffering from the same infection after ceasing to attend or after having been transferred to other Centres in a previous year.

Of all cases 81 were found not to be suffering from Venereal Diseases, leaving 381, an increase of 66 in the total number under treatment or observation for Venereal Diseases as compared with the year 1926.

The attendances at the Medical Officer's Clinics decreased by 34, while the total attendances were 4,230, an increase of 356.

In view of the action of the Edinburgh Corporation in asking for powers to enforce attendance at the Clinics, it is of interest to note that since 1920 35.6% of cases residing in Cumberland (excluding Carlisle) have ceased to attend before completing treatment or period of observation. The highest figure was reached in 1923, since when there has been a decline, i.e., the tendency to continue treatment until discharged by the Medical Officer is growing.

The figures are:—

*1920	...	...	...	25.6%
1921	...	...	...	37.4
1922	...	...	...	30.7
1923	...	...	...	43.9
1924	...	...	...	41.3
1925	...	...	...	35.9
1926	...	...	...	36.1
1927	...	...	...	33.1

(* This being the first complete year the figure cannot be taken for comparison.)

Areas in which patients resided.	New Patients.	Attendances, all patients.
Cumberland	141 ...	1243
Carlisle	113 ...	2790
Westmorland	3 ...	35
Essex	1 ...	1
Leeds	1 ...	2
London	2 ...	3
Manchester	1 ...	1
Newcastle	2 ...	7
Reading	1 ...	1
Sunderland	1 ...	6
Kent	1 ...	2
Burnley	0 ...	7
Preston	1 ...	1
Scotland {	Dumfriesshire ...	124
	Dumfries	6
	Glasgow	1
	<hr/> 275	<hr/> 4230

Pathological Examinations.

Wassermann Tests were carried out at the Public Health Laboratory, Manchester. 342 of these were done for patients attending the Clinics and 37 for patients under private treatment by practitioners. In addition 146 bacteriological tests were made, mostly by the Medical Officer at the Clinics.

Approved Arsenobenzene Compounds.

These were supplied free to any of the practitioners on the approved list who applied. The number of doses issued in this way was 73.

At the Clinics 1,109 doses were administered, nearly all by intravenous injection. Of these 439 were for patients residing in Carlisle, and 587 for those residing in Cumberland. The remaining 83 were given to patients from other areas.

Treatment Centres.

1. *Carlisle.*

The same premises were in use at the Cumberland Infirmary, and there was no alteration in the hours of the

Clinics. The new out-patient department at the Infirmary is now nearing completion, and it should be noted that no provision has been made in it for the treatment of Venereal Diseases.

During the year 311 patients were dealt with, an increase of 66. 165 attended for the first time, and 23 were re-admitted, making 188, an increase of 51. The total attendances were 3,369, an increase of 228.

Of the new cases 85 were suffering from Gonorrhœa, compared with 56 in 1926, while the new cases of Syphilis were 39, compared with 40 in 1926. It will be seen from this that while Syphilis has been checked the number of people infected with Gonorrhœa in the neighbourhood of Carlisle is increasing fairly rapidly. I am led to believe that the same state of affairs is being found all over England.

695 doses of Arsenobenzene Compounds were given, and 222 Wassermann tests were carried out.

2. *Whitehaven.*

Clinics were held at the Whitehaven and West Cumberland Hospital at the same hours as in former years. Only two rooms are available, the third room which it was hoped might be provided having been converted into a dispensary to make room for the Secretary's Office. There is now no prospect of any better accommodation.

It may be again pointed out that three rooms is the minimum number in which the work of an out-patient Clinic can be carried on satisfactorily.

The number of patients dealt with during the year was 121, an increase of 30. The number of new cases, including 5 re-admitted, was 115, an increase of 48. The total attendances were 861, an increase of 128. There being no intermediate treatment all these cases received individual attention by the Medical Officer.

As in the case of the Carlisle Clinic, the new cases of Gonorrhœa showed a remarkable increase compared with 1926, being more than doubled. The numbers are 11 in 1926 and 25 in 1927. The new cases of Syphilis also increased to a lesser extent from 22 to 28.

It should be noted, however, that the majority of the new cases of Gonorrhœa are recent infections, while most of the new cases of Syphilis are of old standing.

The conclusion is that Gonorrhœa is also spreading rapidly in the West of Cumberland.

414 doses of Arsenobenzene Compounds were given, and 120 Wassermann tests were carried out.

The patients, except 4, coming from Carlisle, Burnley, Preston, and Kent respectively, resided in Cumberland.

RETURN relating to all persons who were treated at the Treatment Centres at Carlisle and Whitehaven during the year ended the 31st December, 1927:—

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		Total.	
	M	F	M	F	M	F	M	F	M	F
1. Number of cases which—										
(a) at the beginning of the year under report were under treatment or observation for	55	30	1	...	56	17	...	...	112	47
(b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	9	5	...	...	8	3	1	2	18	10
Total—Items 1 (a) and 1 (b)	64	35	1	...	64	20	1	2	130	57
2 (a). Number of cases dealt with at the Treatment Centre during the year for the first time	40	27	18	2	89	21	39	39	186	89
Total*—Items 1 (a), 1 (b) & 2 (a)	104	62	19	2	153	41	40	41	316	146
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	9	4	2	...	6	2	...	1	17	7
3. Number of cases which ceased to attend—										
(a) before completing the first course of treatment for	3	6	4	...	39	17	...	...	46	29
(b) after one or more courses but before completion of treatment for	18	9	...	...	...	...	...	...	18	9
(c) after completion of treatment, but before final tests as to cure of	6	...	2	...	16	...	...	...	24	...
4. Number of cases transferred to other Treatment Centres after treatment for	8	5	4	...	14	4	...	...	26	9
5. Number of cases discharged after completion of treatment and observation for	8	1	9	1	33	7	...	...	50	9
6. Number of cases which, at the end of the year under report, were under treatment or observation for	61	35	...	1	51	13	1	1	113	50
Total*—Items 3, 4, 5, and 6...	104	62	19	2	153	41	1	1	277	106
7. Out-patient attendances—										
(a) For individual attention by the Medical Officer ...	960	669	61	9	934	211	68	58	2023	947
(b) For intermediate treatment, e.g., irrigation, dressings, &c.	57	...	6	...	1197	...	...	...	1260	...
Total Attendances ...	1017	669	67	9	2131	211	68	58	3283	947
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from ...	...	...	...	...	...	...	...	...	...	...

* The total of Items 1 (a), 1 (b) and 2 (a) in the vertical columns headed Syphilis, Soft Chancre and Gonorrhœa should agree with the corresponding total of Items 3, 4, 5, and 6.

	For detection of			For Wassermann Reaction
	Spirochetes.	Gonococci.	Other Organisms.	
9. Examinations of Pathological material:—				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre ... ..	...	98	17	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	3	25	3	342

38a

CAUSES OF DEATH.		Workington. M.B. 03		Arlecdon and Frizington. U.D. 04		Aspatria. U.D. 05		Cleator Moor. U.D. 06		Cockermonth. U.D. 07		Egremont. U.D. 14		Harrington. U.D. 15		Holme Cultram. U.D. 16		Kewick. U.D. 17		Maryport. U.D. 24		Millom. U.D. 25		Penrith. U.D. 26		Whitehaven. M.B. 27		Wigton. U.D. 34		Aggregate of U.D.'s.		Alston with Garrigill. R.D. 08		Bootle. R.D. 09		Brampton. R.D. 18		Carlisle. R.D. 19		Cockermouth. R.D. 22		Longtown. R.D. 29		Penrith. R.D. 33		Whitehaven. R.D. 39		Wigton. R.D. 48		Aggregate of R.D.'s.				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
ALL CAUSES		234	171	28	33	22	27	53	55	30	29	52	54	19	27	28	26	38	35	93	70	73	69	48	55	194	163	24	22	936	836	30	22	38	32	55	59	86	75	136	125	42	52	68	66	83	80	61	76	599	587			
1	Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
2	Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
3	Measles	4	2	1	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	5	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
4	Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
5	Whooping Cough	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	10	12	—	—	12	14	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—			
6	Diphtheria	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
7	Influenza	24	18	—	3	—	2	—	—	—	1	3	3	1	—	2	3	2	3	2	7	1	1	3	2	4	5	10	—	1	49	52	1	1	2	3	2	1	5	7	10	1	3	2	1	6	3	8	7	4	34	31		
8	Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
9	Meningococcal meningitis	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
10	Tuberculosis of Respiratory System	10	9	5	2	—	1	4	6	2	1	7	3	—	1	—	3	—	—	5	5	7	6	4	4	9	9	—	1	54	50	—	1	3	2	—	2	—	4	3	7	—	2	1	2	5	6	3	—	5	17	30		
11	Other Tuberculous Diseases	7	3	1	—	—	—	—	—	—	1	1	1	—	2	—	—	1	—	2	1	—	—	—	2	3	2	—	1	17	13	—	1	1	1	—	2	—	4	—	2	—	1	3	—	—	5	6	3	—	5	17	30	
12	Cancer, malignant Disease	20	10	1	5	8	2	5	10	2	2	1	5	1	3	2	5	3	3	9	7	8	4	3	9	16	10	4	4	83	79	—	3	6	7	5	2	10	13	10	—	9	2	—	4	9	12	6	9	61	80			
13	Rheumatic Fever	—	1	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
14	Diabetes	2	3	—	—	—	—	1	1	—	—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
15	Cerebral Haemorrhage, etc.	19	5	1	2	—	3	2	5	1	5	3	7	6	3	4	1	—	4	4	7	5	1	4	9	5	3	—	1	58	57	—	—	1	—	4	5	8	3	4	—	5	14	—	—	4	—	2	6	5	1	7	24	52
16	Heart Disease	16	22	4	5	3	8	7	7	4	4	7	4	4	2	3	5	9	7	20	16	9	22	10	12	25	22	6	121	142	—	3	2	6	2	6	17	13	7	15	5	8	5	10	15	11	9	11	15	83	101			
17	Arterio-sclerosis	5	2	1	—	—	1	2	2	4	3	2	2	—	—	—	3	1	6	3	1	—	3	5	2	3	—	—	2	36	13	—	1	—	2	1	5	3	4	4	11	5	2	5	3	8	1	5	2	7	36	35		
18	Bronchitis	11	10	2	2	—	1	2	3	1	—	5	2	3	3	3	1	—	2	6	3	7	7	3	3	2	13	16	2	58	52	—	3	2	1	1	4	4	5	1	14	8	2	4	2	—	3	4	4	1	6	35	35	
19	Pneumonia (all forms)	22	9	3	2	1	1	4	3	—	2	5	3	2	—	3	1	—	1	7	6	2	4	3	3	31	26	—	87	58	—	1	1	1	1	5	4	5	2	15	8	4	4	—	4	4	1	40	27					
20	Other Respiratory Diseases	6	3	1	—	—	—	2	—	—	1	—	—	—	—	—	—	—	—	1	1	—	1	4	1	3	2	—	10	18	—	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	—	—	—	—				
21	Ulcer of Stomach or Duodenum	6	1	—	—	—	1	—	2	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	15	1	—	—	1	—	—	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—				
22	Diarrhoea, etc. (under 2 years)	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
23	Appendicitis and Typhlitis	1	5	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
24	Cirrhosis of Liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
25	Acute and Chronic Nephritis	8	7	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
26	Puerperal Sepsis	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
27	Other Accidents and Diseases of Pregnancy & Parturition	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
28	Congenital Debility & Malformation, Premature Birth	9	4	2	1	3	1	4	1	2	—	2	1	3	—	1	2	—	3	2	3	1	3	3	—	16	4	2	—	48	25	—	1	—	1	1	2	2	4	3	7	4	4	3	2	1	4	4	1	3	25	21		
29	Suicide	2	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30	Other Deaths from Violence	4	3	1	—	—	1	—	2	—	2	3	1	—	1	—	—	3	1	1	—	—	—	—	—	11	6	1	—	31	16	—	1	—	—	—	—	9	1	6	1	2	2	4	1	5	—	2	—	5	—			
31	Other Defined Diseases	49	44	4	9	4	2	9	12	4	3	8	18	—	7	7	5	6	7	16	16	—	11	4	6	22	7	4	163	172	—	5	3	7	9	16	5	16	24	22	21	6	13	18	6	22	15	16	9	128	105			
32	Causes ill-defined or Unknown	2	1	1	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	7	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Special Causes (included above)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Polio-myelitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Polio-encephalitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																								

Causes of Death at Different Periods of Life in the Administrative County of Cumberland, 1927.

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CAUSES OF DEATH.		SEX.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
			All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES		M	936	126	42	34	27	38	81	223	206	159	599	51	15	11	18	12	59	131	161	141
		F	836	85	37	37	39	50	65	173	152	198	587	41	8	12	13	23	48	118	132	192
1	Enteric Fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	Smallpox	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Measles	M	14	5	6	3	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
		F	9	1	2	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Scarlet Fever	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
		F	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—
5	Whooping Cough	M	12	7	3	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
		F	14	7	5	2	—	—	—	—	—	—	3	—	2	—	1	—	—	—	—	—
6	Diphtheria	M	2	—	—	2	—	—	—	—	—	—	4	—	—	3	—	—	—	1	—	—
		F	4	—	—	1	3	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
7	Influenza	M	49	3	3	4	—	3	6	11	11	8	34	—	—	1	1	—	4	11	11	6
		F	52	3	3	2	1	4	4	15	13	7	33	1	—	—	3	3	8	7	—	10
8	Encephalitis lethargica...	M	1	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	2	—	—	—
		F	4	—	—	—	—	—	2	1	—	—	2	—	—	—	—	—	2	—	—	—
9	Meningococcal meningitis	M	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Tuberculosis of Respiratory System	M	54	—	—	2	1	15	17	17	1	1	17	—	—	—	2	8	4	3	—	—
		F	50	1	1	—	2	21	17	6	2	—	30	1	—	—	11	13	5	—	—	—
11	Other Tuberculous Diseases	M	17	1	3	3	4	3	3	—	—	—	8	—	2	1	1	2	—	—	—	—
		F	13	—	2	2	4	2	3	—	—	—	6	—	1	—	1	1	—	—	1	—
12	Cancer, Malignant Disease	M	83	—	—	—	—	—	4	38	34	7	61	—	—	1	—	3	21	27	8	
		F	79	—	—	—	—	—	7	32	14	26	80	—	—	—	—	5	33	28	—	14
13	Rheumatic Fever	M	2	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—
		F	8	—	—	—	3	4	—	—	1	—	—	—	—	1	—	—	—	—	—	—
14	Diabetes	M	10	—	—	—	—	—	3	5	2	—	6	—	—	1	—	—	2	—	2	—
		F	8	—	—	—	1	—	1	4	1	1	4	—	—	—	—	—	3	—	—	—
15	Cerebral Hemorrhage, &c.	M	58	—	—	—	—	—	1	16	24	17	24	—	—	—	—	—	4	9	11	27
		F	57	—	—	—	—	—	—	15	22	20	52	—	—	—	—	—	10	15	—	—
16	Heart Disease	M	121	—	—	—	—	4	7	31	49	30	83	—	—	—	—	2	21	31	29	142
		F	142	—	—	2	3	2	6	38	45	46	101	—	—	—	2	—	3	20	29	47
17	Arterio-sclerosis	M	36	—	—	—	—	—	—	6	17	13	36	—	—	—	—	—	4	17	15	—
		F	13	—	—	—	—	—	—	2	4	7	35	—	—	—	—	—	1	13	21	—
18	Bronchitis	M	58	18	1	1	—	—	1	11	16	10	35	3	2	—	1	1	3	5	7	13
		F	52	9	2	4	—	—	1	6	14	16	35	6	—	1	—	—	2	8	16	—
19	Pneumonia (all forms)	M	87	17	18	8	2	2	6	23	7	4	40	8	3	1	1	2	8	10	6	1
		F	58	15	10	9	7	2	2	7	6	—	27	7	2	1	3	1	4	2	6	—
20	Other Respiratory Diseases	M	18	1	1	2	—	—	2	7	5	—	5	—	—	—	—	—	2	1	—	—
		F	10	1	1	—	—	1	1	5	—	1	14	1	—	3	—	1	1	2	2	4
21	Ulcer of Stomach or Duodenum	M	15	—	—	—	—	—	8	6	1	—	11	—	—	—	—	1	5	4	—	—
		F	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
22	Diarrhea, &c.	M	11	6	3	1	—	—	—	2	—	1	7	6	—	—	—	1	—	—	—	—
		F	15	0	3	1	1	—	—	—	—	2	3	1	—	—	—	—	—	—	—	—
23	Appendicitis and Typhlitis	M	8	—	—	—	4	1	1	2	—	—	6	—	—	—	—	1	—	—	—	—
		F	7	—	—	2	—	2	1	2	—	—	2	—	—	1	—	—	—	—	—	—
24	Cirrhosis of Liver	M	3	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	1	—	—	—
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Acute and Chronic Nephritis	M	18	—	—	—	—	—	—	10	5	3	21	—	—	—	—	—	1	1	—	—
		F	18	—	—	—	—	—	1	1	6	8	12	—	—	—	—	1	5	4	—	—
26	Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	5	—	—	—	—	—	4	—	—	—	3	—	—	—	—	2	1	—	—	—
27	Other Accidents and Diseases of Pregnancy and Parturition	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28	Congenital Debility & Malformation, Premature Birth	M	48	47	—	1	—	—	—	—	—	—	25	23	1	—	1	—	—	—	—	—
		F	25	24	—	—	1	—	—	—	—	—	21	21	—	—	—	—	—	—	—	—
29	Suicide	M	11	—	—	—	—	1	3	6	1	—	5	—	—	—	—	—	3	2	—	—
		F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30	Other Deaths from Violence	M	31	1	3	3	6	4	6	4	4	4	32	—	2	1	5	3	8	8	4	1
		F	16	1	1	6	1	1	1	1	1	1	8	—	—	1	—	—	—	1	—	5
31	Other Defined Diseases...	M	161	19	5	3	9	3	11	22	28	61	127	11	4	2	1	2	10	15	31	51
		F	166	17	5	7	5	7	10	29	17	69	103	3	3	—	3	4	8	19	19	44
32	Causes Ill-defined or Unknown	M	7	1	—	—	1	—	1	3	1	—	4	—	—	—	—	—	3	1	—	—
		F	3	—	—	—	—	—	1	—	2	—	2	—	—	—	—	—	—	—	—	—

